



CITY OF
HARTFORD

Health Department

131 Coventry St.
Hartford, CT
06112

Administration
v: 860-543-8800
f: 860-722-6719

AIDS/HIV
543-8822

Child
Development
543-8831

Childhood
Immunization
Registry
543-8816

Environmental
Health
543-8815

Grants &
Management
Services
543-8800

Healthy Start
543-8800
ext. 7191

Lead Prevention
543-8817

Maternal &
Infant Outreach
543-8834

Public Health
Nursing
543-8820

Ryan White
Title I
543-8806

Sexually
Transmitted
Diseases
543-8820

Tuberculosis
543-8827

Vital Records
543-8539

Women, Infant
& Children
543-8835

Women Services
543-8833

Change of Ownership

(For existing Food Establishments only)

I understand that a pre-approval is not a license to operate. A notice of approval will be granted only after:

- 1) **One copy of the establishment floor plan** Layout sketch drawn 1/4" scale showing the location of the dining rooms, barroom, kitchen, lounge, toilet facilities and storage area, insofar as applicable to the particular premises. The sketch shall have the dimensions of each room and shall show any service counters, partitions, entrances and exits with the dimensions of it and all equipment. If there is more than one floor involved, a sketch must be submitted for each floor.

- 1) **Establishment Name:** The name and address of the establishment shall be indicated on the plan

- 2) **Copy of Menu:** A copy of the proposed and/or existing menu shall also be submitted

- 3) **Copy of QFO:** Copy of Qualified Food Operator's Certificate attached. All Class 3&4 Food establishments MUST provide a copy of a QFO BEFORE approval to operate.

- 2) **Final Approval for a Food License:** A site inspection (signed by the Sanitarian below) performed by the Hartford Health Department Sanitarian is required **PRIOR to opening and PRIOR to issuance of a Food License.** You may need additional approval(s) from other agencies prior to opening/operating. After receiving approval to open you then apply for a license application from the Department of Licenses and Inspections, 260 Constitution Plaza, Hartford, CT (860) 757-9200

NOTE: No Pre-opening inspection will be conducted if taxes are due or if a copy of the QFO Certificate is not received.

I will be taking over ownership of this establishment on _____ and have attached a copy of my lease/title or bill of sale.

Date: _____

I, _____ will be taking over the establishment know as _____ located at _____ in the City of Hartford.

The name of the establishment will now be known as _____
There will be no changes in the floor plan, layout, equipment or equipment placement.

Owner: _____ Day time telephone: _____
(Print name)

Owner
Address: _____ City/State _____

(Office Use Only)

Type of Establishment: _____ Classification 1 2 3 4

Date Lease/Title

Received: _____ Pre-Inspection Date _____ Time _____

QFO Name(s): _____

Certificate attached: _____ Yes _____ No

Comments: _____

Sanitarian's Signature _____ Date: _____